PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
		Ef	fective Ded	cember 8	3, 200	04		-	10/	50	0 201	3
CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OTHER	
	NATIONAL	074.05.5550	(Colur		(Column 2)	1172	 .		OR 1	SMALL E	ENTITY	
U.S	S. NATIONAL	STAGE FEES	45				RAT	TE .	FEE		RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LARGE ENT. = \$ 300		BASIC F	EE	150	OR	BASIC FEE	
EXAMINATION FEE			(4) = \$5	Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		\$ 100 / \$ 200		EE	100		EXAM. FEE	
SEARCH FEE			U.S. is ISA = \$50 / \$ 100 ALL other countries = \$200 / \$400		ALL other situations = \$ 250 / \$ 500		SEARCH	FEE	200		SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =		X \$ 12	25 =			TX \$ 250 =	
TOTAL CHARGEABLE CLAIMS			45 minus 20 =		. 25		X \$ 2	5 =	625	OR	X \$ 50 =	
INDEPENDENT CLAIMS			/ '	minus 3 =	*		X \$ 10	00 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT	\mathcal{N}			+ \$ 18	30 =		OR	+ \$ 360 =	
* If	the difference	in column 1 is	less than zer	o, enter "O	" in co	olumn 2	тот	AL	073	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) CLAIMS HIGHEST					(Column 3)	SMA	SMALL ENTITY			OTHER SMALL E	NTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		, NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X \$ 2	5 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	X \$ 10	00 =		OR	X \$ 200 =	
	FIRST PRES	ENTATION OF M	ULTIPLE DEF	PENDENT C	CLAIM		+ \$ 18	0 =		OR	+ \$ 360 =	
							TOTAL A			ÖR	TOTAL ADDIT. FFF	
		(Column 1)		(Colum	nn 2)	(Column 3)				-	· · · · · · · · · · · · · · · · · · ·	
S		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA	RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X \$ 25	5 =		OR	X \$ 50 =	
	Independent		Minus	***		=	X \$ 10	0 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 18	0 =		OR	+ \$ 360 =	
								DDIT.		OR	TOTAL ADDIT.	
**	If the "Highest Nu	ımn 1 is less than the mber Previously Pai mber Previously Pai	d For IN THIS S	PACE is less	than '20	0', enter "20".		_				
***	If the "Highest Nu	mber Previously Pai mber Previously Pai	d For" IN THIS S d For" IN THIS S	PACE is less	than '20 than '3'	0', enter "20".	the appropria	ate box	in column 1.			

FORM PTO-875 (Rev. 02/2005)

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